

Charles A. Bon  
Patological Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 100-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11				10		
12				10		
13				10		
14				10		
15				10		
16				10		
17				10		
18				10		
19				10		
20				10		
21				10		
22				10		
23				10		
24				10		
25	1		1			
26	1		1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			827			
TOTAL CLAIMS			230			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						